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Substitute for form 1449/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

**(Use as many sheets as necessary)**

Sheet 1 of 1

**Completeness** *if Known*

Application Number	86/399,197 10/619255
Filing Date	7/29/02
First Named Inventor	Robert A Marshall
Art Unit	
Examiner Name	
Attorney Docket Number	

## U. S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

[illegible]

**Examiner  
Signature**

Date Considered	
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11/29/04

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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

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**C mp l te If Known**

Applicati n Number

60/399,197 10/619255

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First Named Inventor

Robert A Marshall

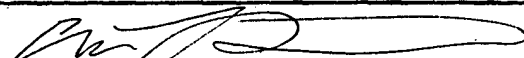
Art Unit

Examiner Name

Attorney Docket Number

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
EB		State of Texas Department of Transportation Collapse Detection and Warning System January 7, 2003	

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